

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail** **12-09-0** **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** **(703) 746-4000**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 09/23/2004

Jonathan P. Osha  
**Rosenthal & Osha L.L.P.** Osha & May L.L.P.  
 Suite 2800  
 1221 McKinney St.  
 Houston, TX 77010

12/10/2004 MWOLDGE2 00000112 10688809

01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:0001 12.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/688,809 10/16/2003 Keiichi Shimizu 15115.092001 9668

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

**TITLE OF INVENTION: SWITCH APPARATUS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KLAUS, LISA NHUNG	2832	200-563000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Osha & May L.L.P.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3 _____

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
 Omron Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
 801, Minamifudodo-cho, Horikawahigashiru, Shiokoji-dori,  
 Shimogyo-ku, Kyoto-shi, Kyoto, Japan 600-8530

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are enclosed:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 4

**4b. Payment of Fee(s):**

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature JP #45,079

Date 12/18/2004

Typed or printed name Jonathan P. Osha

Registration No. 33,986

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

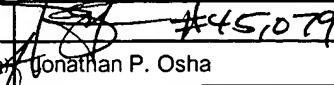
**TOTAL AMOUNT OF PAYMENT** (\$ 1,682.00)

## Complete if Known

Application Number	10/688,809-Conf. #9668
Filing Date	October 16, 2003
First Named Inventor	Keiichi Shimizu
Examiner Name	L.N. Klaus
Art Unit	2832
Attorney Docket No.	15115/092001

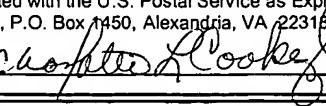
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)		
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	2. EXTRA CLAIM FEES		
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None		<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Deposit Account Number 50-0591			Each claim over 20	18	9
Deposit Account Name Osha & May L.L.P.			Each independent claim over 3	88	44
The Director is authorized to: (check all that apply)			Multiple dependent claims	300	150
<input type="checkbox"/> Charge fee(s) indicated below			For Reissues, each claim over 20 and more than in the original patent	18	9
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			For Reissues, each independent claim more than in the original patent	88	44
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17					
<input checked="" type="checkbox"/> Credit any overpayments					
To the above-identified deposit account.			<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
<input type="checkbox"/> Other (please identify): _____			- 20 or HP =	x	=
			HP= highest number of total claims paid for, if greater than 20		
			<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
			- 3 or HP =	x	=
			HP= highest number of independent claims paid for, if greater than 3		
			<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
			<u>Subtotal (2)</u> \$ _____		
FEE CALCULATION					
1. BASIC FILING FEE					
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>		
Utility Filing Fee	790	395	_____		
Design Filing Fee	350	175	_____		
Plant Filing Fee	550	275	_____		
Reissue Filing Fee	790	395	_____		
Provisional Filing Fee	160	80	_____		
<b>Subtotal (1)</b>	\$ 0.00				
3. OTHER FEES					
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid</u>		
1-month extension of time	110	55	_____		
2-month extension of time	430	215	_____		
3-month extension of time	980	490	_____		
4-month extension of time	1,530	765	_____		
5-month extension of time	2,080	1,040	_____		
Information disclosure stmt. Fee	180	180	_____		
37 CFR 1.17(q) processing fee	50	50	_____		
Non-English specification	130	130	_____		
Notice of Appeal	340	170	_____		
Filing a brief in support of appeal	340	170	_____		
Request for oral hearing	300	150	_____		
1504; 8001; 1501 Publication fee for early, voluntary, Other: or normal publication; Printed copy of patent w/o color; Utility issue fee			1,712.00		
<b>Subtotal (3)</b>	\$ 1,712.00				

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600
Name (Print/Type)	Jonathan P. Osha		Date	December 8, 2004	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 535681872 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22318-1450, on the date shown below.

Dated: December 8, 2004

Signature:  (Charlotte L. Cookingham)